

DOCUMENT OF ANATOMICAL GIFT AUTHORIZATION FOR ORGAN AND TISSUE DONATION

I (**Do you**), _____ give permission for the donation of
(Name of Person giving permission)
anatomical gifts from _____ and to benefit humanity
(Name of Donor)
as set forth in this Document of Anatomical Gift.

This Document of Anatomical Gift is being completed: (check one):

☐ In-person and witnessed

☒ Copy of document provided

☐ Via telephone and recorded

☐ Copy of document to be mailed

If recorded, a copy of this conversation is available upon request.

ANATOMICAL GIFTS

I (**Do you**) grant permission for the recovery of the following Organs and/or Tissues:

ORGANS		TISSUES	
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corneas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heart for Valves/Pericardium	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Kidneys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Blood Vessels (Arteries and Veins)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Intestines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pancreas or islet cell	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	BONE AND CONNECTIVE TISSUE OF: (includes ligaments, tendons & supporting structures)	
		Upper Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Pelvis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Ribs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Other organ or tissue donation requests: ☐ None or Specify: _____

for purposes of: ☐ Transplantation ☐ Research ☐ Education and Training

- I (**Do you**) give permission for any testing, examinations, and procedures that may be necessary to determine the medical eligibility of this gift. This includes, but is not limited to, testing for HIV and Hepatitis, removal of adjacent blood vessels for organ transplantation, collection of inguinal/abdominal lymph nodes and spleen, and the collection of blood and biopsy samples for potential recipient compatibility testing.
- I (**Do you**) give permission for the release of any information, including medical information found within sources to include, but not limited to, hospital records, death certificates, and postmortem examination (autopsy) reports, and information relating to HIV and Hepatitis to determine organ and tissue eligibility. This information may be released to other appropriate agencies.
- I (**Do you**) understand that expenses related to the evaluation, maintenance, recovery and placement of the organs and tissues will be paid by the recovery organization(s).
- I (**Do you**) understand that the funeral and burial expenses are not the responsibility of the recovery organization(s).
- I (**Do you**) understand that the donation process may take several hours to complete and that the release to the funeral home or coroner / medical examiner's office, when applicable, will occur after the recovery process has concluded.

- I (**Do you**) understand that it may be necessary to transport the Donor to another location for the purpose of tissue recovery, and I (**Do you**) authorize this transportation.
- I (**Do you**) understand that donated bones or tissues, including skin, may have numerous uses, including for reconstructive and cosmetic purposes, and that multiple organizations, including nonprofit and for-profit organizations, may recover, process, or distribute the donations. In addition, recovered tissues may be distributed internationally.
- I (**Do you**) further understand that I (**you**) may, by this document, limit the use of the bones or tissues, including skin, that are donated or types of organizations that recover, process, or distribute the donation.
- I (**Do you**) specify the following limitations on the use of bones or tissues or on the types of organizations that recover, process, or distribute the donation:

Special Limitations: _____

Signature or Initials of Authorizing Person*

- I (**You**) will be given the option to receive information about how the donated organs/tissue was used.
- I have (**Have you**) been given the opportunity to ask questions about the donation process, and donation options have been explained to me (**you**) in a language that I (**you**) understand.
- This authorization is given without expectation of compensation of any kind.

I have read these sentences or have had them read to me:

_____ Print Name of Authorizing person	_____ Signature or Initials	_____ Date / Time Signed
_____ Relationship to Donor		
_____ Street Address	_____ City, State, Zip	_____ Telephone Number
_____ Print Name of Witness	_____ Signature of Witness or Initials	_____ Date / Time Signed
_____ *Print Name of Person completing this form	_____ Signature	_____ Date / Time Signed
Name of organization retaining taped consent: _____		

*The person completing this form via telephone should also initial the spaces above as appropriate.

The following contact information is provided for use by the authorizing person(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> University of Wisconsin OPO
450 Science Drive, Suite 220
Madison, Wisconsin 53711-9135
Phone: (866) 894-2676 | <input type="checkbox"/> Wisconsin Donor Network OPO
9200 W. Wisconsin Avenue
Milwaukee, WI 53226
Phone: (800) 432-5405 | <input type="checkbox"/> Lions Eye Bank of Wisconsin
2302 International Lane, Suite 200
Madison, WI 53704
Phone: (877) 233-2354 |
| <input type="checkbox"/> American Tissue Services Foundation
6064 McKee Road, Suite D
Madison, WI 53719
Phone: 888-560-6001 | <input type="checkbox"/> Musculoskeletal Transplant Foundation
250 Corporate Drive
Madison, WI 53714
Phone: (800) 946-9008 Ext. 2821 | <input type="checkbox"/> RTI Donor Services
6502 Odana Rd.
Madison, WI 53719
Phone: (877) 733-3700 |
| <input type="checkbox"/> Wisconsin Tissue Bank
2801 W. KK River Pkwy,
Suite L080
Milwaukee, WI 53215
Phone: (800) 722-8230 | | |